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Health Officer, Carroll County

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Deputy Health Officer

### **SPECIAL FOOD SERVICE FACILITY - TEMPORARY LICENSE**

I hereby make application for a license to operate a Special Food Service Facility, and agree to comply with the following for the duration of the event:

1. An adequate supply of potable water will be provided.
2. Adequate and conveniently-located toilet and hand washing facilities will be available.
3. Wastewater shall be disposed of by an acceptable means as determined by the approved authority.
4. Premises shall be kept clean.
5. Food shall be prepared, stored, and dispensed in a manner that prevents contamination or spoilage. All foods served shall be wholesome, free from spoilage, and fit for human consumption.
6. Potentially hazardous foods shall be maintained at temperatures below 45°F or above 140°F.
7. The facility will be operated in accordance with the conditions stated above and with any applicable section of Maryland Regulation 10.15.03 governing "Food Service Facilities".

Name of Proposed Event: \_\_\_\_\_

Foods to Be Served: \_\_\_\_\_

Exact Location of Event: \_\_\_\_\_

#### **ALL FOODS MUST BE STORED AND PREPARED AT THE ABOVE LOCATION**

Do you have a Food Service Facility License in the State of Maryland or elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Is yes, please specify location and type of license: \_\_\_\_\_

Public Water on Site: Yes      No      (If no, the license holder is responsible for providing potable water)

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Hours: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **HEALTH DEPARTMENT USE ONLY**

License Number \_\_\_\_\_  
Reviewed By \_\_\_\_\_

Date Approved \_\_\_\_\_  
Date(s) Valid \_\_\_\_\_